Management of Labor

Monitoring and Management of Prodromal Preterm Labor Algorithm

35
Cervix 30-70% effaced, less than 2 cm dilated, thin LUS, fetal descent into true pelvis, contractions greater than or equal to 6 per hour — A

A = Annotation

36
Initial management — A

37
Cervical change?

yes →

38
See Management of Active Preterm Labor algorithm, box # 51

no ↓

39
Bedrest and pelvic rest for 48 hours and administer betamethasone if high risk for preterm delivery and 23-34 weeks — A

40
Consider transvaginal sonogram (if available) for cervical length — A

41
Fetal fibronectin (fFN) positive?

yes →

42
Continue intensive (at least weekly) follow-up until 34 weeks plus 6 days
• Consider betamethasone (23-34 weeks) — A

→ **43**
At 36+ weeks, preterm or at term delivery

no ↓

46
Continue monitoring fFN — A

44
Cervical change?

no →

yes ↓

45
See Management of Active Preterm Labor algorithm, box # 51

47
Persistent signs / symptoms of prodromal labor?

yes →

49
Cervical change?

no →

no ↓

48
See ICSI Routine Prenatal guideline

yes ↓

50
See Management of Active Preterm Labor algorithm, box # 51